



Membership Form Renew or Join

(Please fill in the entire form)

Name _____

Agency Name (if applicable) _____

Mailing Address _____

Telephone _____

Email Address _____

Return to:

Pat Branson
c/o Senior Citizens of Kodiak
302 Erskine Avenue
Kodiak, Alaska 99615

Annual Dues:

___ \$ 75.00 Associate Membership (Individual)

___ \$125.00 Small Agency

___ \$225.00 Large Agency (budget over \$1 million/yr.)

___ Dues Amount

Determine which agency category you fall into or how much you/your agency can afford to support Senior Advocacy. Thank you.